

**CLARKSON COLLEGE
PETITION FOR RECONSIDERATION**

Your Name: Address: Phone number at which you can be reached:	Student ID Number: Program: Person whom you are petitioning:
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Appealing Decision to (please circle):
1st Level: Faculty or Staff
2nd Level: Academic Director, Student Services Director, or Dean of Nursing as applicable
Final Level: Vice President of Academic Affairs, Vice President of Operations, or College Controller

You must attach documentation for the following:

- A. State the decision/policy or the academic outcome that you want reconsidered.**
- B. Describe your extenuating circumstances that justify reconsideration.**
- C. Summarize the outcome you would like to see result from this petition.**

Petitioner's Signature _____ **Date** _____

Decision: Approved Alternative Not Approved Need More Information

Comments:

Signature of person being petitioned: _____
Date: _____

Date Petition for Reconsideration Form was received by Registrar: Date:	Decision of Petition for Reconsideration Form was sent to: Petitioner, Faculty, Director, Dean Date:
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